



STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF LONG TERM SUPPORTS AND SERVICES

BUREAU OF DEVELOPMENTAL SERVICES

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June 1, 2019

Chris Muns
One Sky Services
755 Banfield Rd. Suite 3
Portsmouth, NH 03801

Dear Mr. Muns,

Please find enclosed the redesignation report for One Sky Services. Redesignation is a fundamental aspect to the Developmental Services System and is required by State Statute RSA 171-A:18 and He-M 505.08. Per He-M 505.08(a) an area agency is required to apply to the Bureau of Developmental Services (BDS) for redesignation every five years.

As outlined in He-M 505.08(e) (1) – (9), an area agency shall be considered successful and operating efficiently when it annually:

- 1) Demonstrates, through its services and supports, a commitment to a mission that embraces and emphasizes active community membership and inclusion for persons with disabilities;
- 2) Demonstrates, through multiple means, its commitment to individual rights, health promotion, and safety;
- 3) Provides individuals and families with information and supports to design and direct their services in accordance with their needs, preferences, and capacities and to decide who will provide them;
- 4) Involves those who use its services in area planning, system design, and development;
- 5) Assesses and continuously improves the quality of its services, and ensures that the recipients of services are satisfied with the services that they receive;
- 6) Demonstrates, through its board of directors and management team, effective governance, administration, and oversight of the area agency staff, providers, and, if applicable, subcontract agencies;
- 7) Is fiscally sound, manages resources effectively to support its mission, and utilizes generic community resources and proactive supports in assisting people;
- 8) Complies, along with its subcontractors, if applicable, with state and federal requirements; and
- 9) Achieves the goals identified in its area plan and implements the recommendations made in its previous redesignation report from the department.

As outlined in He-M 505.08(f) BDS seeks information from the following sources to ensure that the requirements outlined in 1-9 (above) are being met:

- 1) Public comments generated by forums with the board of directors, self-advocacy groups, and the family support council regarding the area agency's demonstrated ability to provide local services and supports to individuals and their families;
- 2) A comprehensive self-assessment of the area agency's current abilities and past performance;

New Hampshire Department of Health and Human Services (DHHS)
Division of Long Term Supports and Services (DLTSS)
Bureau of Developmental Services (BDS)
One Sky Community Services Redesignation Report
Report Date: June, 2019

- 3) Input from a wide range of people, agencies, or groups who are either recipients, providers, or people who collaborate in the provision of services and supports;
- 4) Documentation pertaining to area agency operations available in the area and at the department; and,
- 5) Input from department staff who have direct contact with and knowledge of area agency operations.

Based on the information gathered through the redesignation process, One Sky did not meet the standard for redesignation in the following key areas:

- Area Agency Financial Condition
- Compliance with DHHS Program Certification Requirements
- Compliance with Family Centered Early Supports and Services
- Compliance with Medication Administration and Health Care Coordination
- Compliance with Employment Supports for Individuals
- Stakeholder Feedback

One Sky is conditionally redesignated for 180 days in accordance with He-M 505.09 and must submit a corrective action plan to BDS no later than August 1, 2019. The corrective action plan for redesignation must address the following for each area:

- 1) Identification of root causes,
- 2) Specific actions that will be taken to remediate the issues identified,
- 3) The expected results with timeframes for the remediation,
- 4) The agency's plan to monitor the implementation, and
- 5) The name and title of the individual at the area agency who has overall responsibility for the Corrective Action Plan.

The planning must involve Board Members and be approved by the Board of Directors. The Corrective Action Plan submitted for redesignation to BDS shall include Board meeting minutes noting the approval of the plan.

It is the Department's intent through the corrective action plan to work with One Sky to demonstrate an acceptable level of confidence in the area agency's ability to comply with He-M 505. Identified issues and deficiencies shall be monitored by BDS until satisfactory outcomes are achieved. DHHS representatives and I will be available to address this report with the One Sky Board of Directors on June 10, 2019 at 5:00 pm. Please feel free to contact me directly with any questions.

Sincerely Yours,

Sandy L. Hunt, Bureau Chief

Enc.

CC. Richard Bagley, One Sky Board President
Commissioner Jeffrey Meyers, Department of Health and Human Services
Director Deborah Scheetz, Division of Long Term Supports and Services
Jennifer Doig, BDS Finance Administrator
Melissa St. Cyr, Chief Legal Officer

New Hampshire Department of Health and Human Services (DHHS)
Division of Long Term Supports and Services (DLTSS)
Bureau of Developmental Services (BDS)
One Sky Community Services Redesignation Report
Report Date: June, 2019

Executive Summary

In accordance with State of New Hampshire Administrative Rule He-M 505 Establishment of Area Agencies, reviews of area agencies (AA) occur upon application and thereafter every five years. The purpose of He-M 505 is to define the criteria and procedures for approval and operation of state designated area agencies. A redesignation review of One Sky Services in Portsmouth, NH occurred on 8/15/18 through 4/1/19. The review team included staff from the Department of Health and Human Services (DHHS), the Division of Long Term Supports and Services (DLTSS), the Bureau of Developmental Services (BDS) and the Office of Improvement, Integrity and Information (OIII).

The Summary of Redesignation Activities, Findings and Observations references the following sources of information:

- Area Agency 2018 Annual Governance Audit
- Area Agency Financial Condition with Five-Year Trend Analysis
- Compliance with DHHS Program Certification Requirements
- Compliance with Family Centered Early Supports and Services Requirements
- Compliance with Medication Administration and Health Care Coordination Requirements
- Compliance with Employment Supports for Individuals Requirements
- Developmental Disabilities, Acquired Brain Disorder and In Home Support Waivers Service File Review Findings
- Summary of Stakeholder Engagement to Include:
 - Summary of the Family Support Questionnaire
 - Summary of the Individuals and Self-Advocates Redesignation Forum
 - Summary of the Family and Guardian Redesignation Forum
 - Summary of the One Sky Provider Redesignation Forum
 - Summary of the Family and Guardian Redesignation Survey
 - Summary of the Provider Redesignation Survey
 - Summary of the One Sky Community Services Staff Survey

Attachments

Appendix A: The NH Department of Health and Human Services, Bureau of Developmental Services Regional Governance Audit 2018 Statewide Tally & Governance Audit for One Sky, 2018

New Hampshire Department of Health and Human Services (DHHS)
Division of Long Term Supports and Services (DLTSS)
Bureau of Developmental Services (BDS)
One Sky Community Services Redesignation Report
Report Date: June, 2019

- Appendix B: Developmental Services System Annual Report of Financial Condition for FY 2017 with Five-Year Trend Analysis report
- Appendix C: Area Agency Certification Statistics Calendar Year 2016 and 2017 report
- Appendix D: Extracted and combined pages from the New Hampshire Developmental Services Employment Data reports from BDS Employment Reports June 2015, June 2016, Dec 2016, Jan-July 2017, July-Dec 2017, Jan-Mar 2018, June 2018 and September 2018.
- Appendix E: One Sky's response letter to the Service File Review, 2018

New Hampshire Department of Health and Human Services (DHHS)
Division of Long Term Supports and Services (DLTSS)
Bureau of Developmental Services (BDS)
One Sky Community Services Redesignation Report
Report Date: June, 2019

2018 Governance Audit Summary:

Please refer to The NH Department of Health and Human Services, Division of Long Term Supports and Services, Bureau of Developmental Services Regional Governance Audit and Statewide Tally for One Sky Services 2018 (See Appendix A).

Standard	RSA 171A:18 Area Agency Responsibility and Operations He-M 505 Establishment and Operation of Area Agencies, and He-M 519 Family Support Services Contract, Exhibit A, Section 2: Scope of Services
Status	Met

Findings:

In the 2018 Annual Governance Audit, which measures compliance with 14 indicators found in RSA 171A, He-M 505, and He-M 519 One Sky distinguished themselves by being rated as “Substantially Met” in three of the categories, with the remainder being “Met.”

The agency is rated highly (“Substantially Met”) in the areas of:

- Human Rights Committee: The Committee meets monthly and has expanded membership to include representatives at the Managed Care Organizations (MCOs) and local hospital. Prior to the meeting plans are discussed by key clinical staff.
- The agency has taken steps to ensure that individuals with Limited English Proficiency (LEP) have meaningful access to its programs.
- The agency has submitted its plan of correction from the last redesignation by providing a comprehensive update.

New to the 2018 Governance Audit was a review of the agency’s adherence to State Statute RSA 126-G:4, and State Administrative Rule He-M 519, both relating to establishment of and the agency relationship to the regional Family Support Council. One Sky met the expectations in all seven performance indicators relevant to this portion of the governance audit.

Remediation:

None Required

New Hampshire Department of Health and Human Services (DHHS)
Division of Long Term Supports and Services (DLTSS)
Bureau of Developmental Services (BDS)
One Sky Community Services Redesignation Report
Report Date: June, 2019

Area Agency Financial Condition Summary

DHHS, DLTSS, BDS: Bureau of Improvement and Integrity (BII)

Prepared, April 2018

Please refer to the Developmental Services System Annual Report of Financial Condition for FY 2017 with Five-Year Trend Analysis report (See Appendix B).

Standard	Contract, Exhibit A, Section 2.12: Maintenance of Fiscal Integrity Contract, Exhibit A, Section 2.6: Wait List Registry
Status	Unmet

Findings:

In the area agency contract, Exhibit A, Section 2.12.2.1 c. requires the contractor to have enough cash and cash equivalents on hand to cover expenditures for a minimum of thirty (30) calendar days. The chart below demonstrates that One Sky is not compliant with this requirement for the fiscal years ending 6/30/15, 6/30/16, and 6/30/17. This data is cited from the monthly maintenance of Fiscal Integrity Analysis (required per contract section 2.12) dated September 2018.

Days of cash on hand	06/30/2014	06/30/2015	06/30/2016	06/30/2017	09/30/2018
<i>(based on 365 days)</i>	30	18	19	13	8

Exhibit A, Section 2.12.5 requires the contractor to provide the monthly Balance Sheet, Profit & Loss Statement, Cash Flow statement, and all other financial reports within thirty (30) calendar days after the end of each month. The contractor must submit this information to the Bureau of Improvement and Integrity (BII). BII reports that One Sky Services is repeatedly and continually late with these required financial documents submissions. Multiple requests from BII to the Chief Financial Officer and Executive Director are often required to obtain this information. In some instances, this required documentation was not submitted at all. One Sky's consistent delays, and sometimes failure to submit the required documentation demonstrate that One Sky is not in compliance with this requirement.

Exhibit A, Section 2.6 and He-M 503.13 require the agency to enter information into the waitlist registry to document the need for funding and services, and each individual is to be removed from the waiting list within 30 days of receiving an approval from the Department for an allocation for funding. The Bureau of Developmental Services (BDS) tracks all wait list transactions. BDS reports that One Sky has been inconsistent with managing their regional waitlist activities, which has resulted in months without required Wait List Registry updates. In addition, the data submitted was often inaccurate and not in compliance with the requirements of He-M 503.13. This has a direct impact on individuals and families served as well as the financial strength of the organization, as Wait List funding released by BDS was not made available to individuals served by One Sky services during this time period due to lack of data submission.

A number of providers contacted BDS regarding untimely payments by One Sky Services. BDS then contacted providers directly to verify outstanding amounts that were due to them.

New Hampshire Department of Health and Human Services (DHHS)
Division of Long Term Supports and Services (DLTSS)
Bureau of Developmental Services (BDS)
One Sky Community Services Redesignation Report
Report Date: June, 2019

BDS received ten responses from various providers. As of April, 2019 none of the providers' accounting of outstanding payments matched the accounts payable listing submitted by One Sky.

Some of the providers also stated to BDS that they do not receive a remittance advice when they are paid, therefore they are unable to match these funds received with the outstanding amounts due to them. This failure to properly account for payments to subcontract agencies demonstrates that One Sky is not managing resources effectively.

For the current fiscal year, One Sky did not submit invoices for Room and Board to BDS until May 2019 and is behind on their billing for a number of services, including Case Management. As of January 2019 One Sky had not billed for any case management since August 2018, despite having documentation of the service being provided. This failure to bill services which have been provided and for which documentation is present demonstrates that One Sky is not effectively managing resources, and contributes to the agency not being fiscally sound.

Surplus (Deficit)	06/30/2014	06/30/2015	06/30/2016	06/30/2017	Unaudited 09/30/2018
	(\$76,095)	(\$35,431)	\$14,546	(\$542,003)	(\$46,619)

According to the Developmental Services System Annual Report of Financial Condition for FY 2017 with 5 Year Trend Analysis report, the chart above outlines state fiscal year 2014 – state fiscal year 2017, the average deficit is \$159,745 which demonstrates that One Sky is not fiscally sound.

A detailed aged account payable listing has been reviewed by BII and it appears that One Sky is not entering its invoices properly in the accounts payable system. The invoices are being entered with a due date rather than the service date. This results in the improper matching of expenses with the corresponding revenue(s). For example, there were October and November 2018 invoices in the January 31, 2019 payables module as only “1 to 30” days old. They should be over 90 days for the October invoices and over 60 days for the November invoices. It does not appear that any January 2019 invoices are included in the January 31, 2019 payables listing. This method of accounting makes it difficult to determine whether One Sky is fiscally sound.

Remediation:

For the current fiscal year, One Sky is under a Corrective Action Plan for not meeting financial indicators as required in their contract with the State of New Hampshire and shall continue to comply with Corrective Action Plan.

One Sky shall conduct an internal financial review and develop a corrective action plan for stabilization for the financial strength of the organization. The corrective action plan shall include, but not be limited to the following action items:

- Conduct a review of the deficit for the last five years, conduct an analysis of the root cause of the deficit, and develop a plan to operate the organization without a deficit;
- Conduct a review of the accounts payable system and how payments are made and tracked, develop a plan to ensure that providers are paid in a timely manner
- Coordinate with vendors to determine that both One Sky and the vendor organizations have the same understanding as to what is owed and when;
- Develop a system so that bills are paid timely and accurately;

New Hampshire Department of Health and Human Services (DHHS)
Division of Long Term Supports and Services (DLTSS)
Bureau of Developmental Services (BDS)
One Sky Community Services Redesignation Report
Report Date: June, 2019

- Develop a fiscal manual and train all staff; and
- Develop an organizational structure review and quarterly update of the business office.

New Hampshire Department of Health and Human Services (DHHS)
Division of Long Term Supports and Services (DLTSS)
Bureau of Developmental Services (BDS)
One Sky Community Services Redesignation Report
Report Date: June, 2019

Compliance with DHHS Program Certification Requirements
Office of Legal and Regulatory Services
Calendar Year 2013 through September 2018

Please refer to the Area Agency Certification Statistics Calendar Year 2013 through September 2018 report (See Appendix C).

Standard	He-M 1201 Medication Administration He-M 1001 Certification Standards for Developmental Services He-M 507 Certification for Community Participation Services He-M 310 Rights of Persons Receiving Developmental Services or Acquired Brain Disorder Services in the Community Contract, Exhibit A, Section 1: Provisions Applicable to all Services
Status	Unmet

Findings:

One Sky Community Services manages a small number of certified community residences and one certified community participation services site. The majority of One Sky's certified home and certified community participation services sites are provided by vendor agencies. Their certification statistics are as follows:

	2014	2015	2016	2017	2018	
REVIEWS	72	80	87	74	106	
# DEFICIENCIES:	304	333	329	157	485	
AVG # DEF. PER REVIEW:	4.22	4.16	3.78	2.12	4.57	
ABBREVIATED REVIEWS:	0	0	0	0	3	
NEW REVIEWS:	12	19	22	15	30	
ANNUAL REVIEWS:	31	34	43	38	50	
BIENNIAL REVIEWS:	28	24	22	20	23	
FOLLOW UP REVIEWS:	1	1	0	1	0	
NO INSPECTION	0	2	0	0	0	
He-M 310	14	10	21	19	22	
He-M 503	18	17	28	33	105	
He-M 506	4	4	9	2	2	
He-M 507	30	63	52	30	36	
He-M 1001	158	155	149	109	212	
He-M 1201	70	57	53	51	81	
RSA 171-A	8	9	12	13	15	

The following are the State Administrative Rules and Law under which One Sky received citations:

New Hampshire Department of Health and Human Services (DHHS)
Division of Long Term Supports and Services (DLTSS)
Bureau of Developmental Services (BDS)
One Sky Community Services Redesignation Report
Report Date: June, 2019

- He-M 310: Rights of Persons Receiving Developmental Services and Acquired Brain Disorder Services in the Community. The purpose of these rules is to define the rights of applicants for service or persons who have been found eligible for services under He-M 503.03 or He-M 522.03 and who are being served in the community or in a state-operated designated receiving facility. Individuals might have additional rights under RSA 151:21, patients' bill of rights for residents of health care facilities. The majority of the deficiencies cited under this rule were in regard to the notification of rights not being completed on an annual basis. The number of deficiencies have not changed significantly over time, and in fact the deficiencies in this area are 6.4% of their total deficiencies in 2016 and only 4.5% of their total deficiencies in 2018. Therefore, One Sky is considered substantially compliant with respect to this rule.
- He-M 503: Eligibility and the Process of Providing Services. The purpose of these rules is to establish standards and procedures for the determination of eligibility, the development of service agreements, and the provision and monitoring of services which maximize the ability and informed decision-making authority of persons with developmental disabilities and which promote the individual's personal development, independence and quality of life in a manner that is determined by the individual. All of the deficiencies cited under this rule were in regard to the writing, approval, and completion of the service agreement on an annual basis, along with amendments not being completed as required. There has been a significant increase in the percentage of service agreement deficiencies cited in the last two years. From 2014-2016, service agreement deficiencies accounted for between 5.9% and 8.5% of the total, while the percentage of service agreement deficiencies increased to 21% in both 2017 and 2018. Therefore, One Sky is considered to not be in compliance with this rule.
- He-M 506: Staff Qualifications and Staff Development Requirements for Developmental Service Agencies. The purpose of these rules is to outline the minimum qualifications of provider agency staff, and the training requirements for such staff. The majority of the deficiencies cited under this rule were in regard to staff evaluations not being completed on an annual basis. The deficiencies with respect to this were in the single digits during each of the five years reviewed and are not considered to be significant, and One Sky is considered substantially compliant with this rule.
- He-M 507: Community Participation Services. The purpose of these rules is to establish standards for community participation services as part of a comprehensive array of community-based services for persons with developmental disabilities or acquired brain disorders. The majority of the deficiencies cited under this rule were in regard to missing daily documentation and inaccurate weekly calendars/schedules. He-M 507 was revised in 2015, and the changes initially caused an increase in deficiencies around the state. From 2015 to 2017, He-M 507 deficiencies accounted for between 15.8% and 19.1% of One Sky's total deficiencies. However, in 2018 this percentage decreased to 7.4%. Given that the higher percentage of deficiencies were at a time when they were high statewide, and that there was a significant reduction in 2018, One Sky is considered substantially compliant with this rule.
- He-M 1001: Certification Services for Developmental Services Community Residences. The purpose of these rules is to define the standards and procedures for the certification of community residences funded by the state of New Hampshire for persons with a developmental disability or acquired brain disorder and establish minimum standards governing the operation and continued certification of such residences.

New Hampshire Department of Health and Human Services (DHHS)
Division of Long Term Supports and Services (DLTSS)
Bureau of Developmental Services (BDS)
One Sky Community Services Redesignation Report
Report Date: June, 2019

The majority of the deficiencies cited under this rule were in due to not completing criminal record checks, BEAS registry checks, DMV checks prior to hire, and household maintenance issues, which are typically furnaces not being inspected as required. The percentage of deficiencies with respect to this rule ranged from 43.7% in 2018 to 69.4% in 2017. The other 3 years fell in the middle of these two numbers. Given the amount of deficiencies in this area, One Sky is considered out of compliance with this rule.

- He-M 1201: Healthcare Coordination and Administration of Medications. These rules establish minimum standards for individuals' health coordination and to ensure the safe administration of medications by providers to individuals who receive services pursuant to He-M 1001, He-M 507, He-M 518, He-M 521, He-M 524, or He-M 525 as applicable. The majority of the deficiencies cited under this rule were evenly divided between healthcare coordination requirements (annual review by nurse trainer and health screening recommendations) and medication administration (initial assessment by nurse trainer, and PRN (Pro Re Nata, as needed) orders and protocols). The percentage of deficiencies of this rule ranged from 16.7% to 23% each year except for 2017, which accounted for 32.5% of their total deficiencies. One of the vendor agencies for this area agency had a significant nursing shortage for part of 2017, which appears to may have led to this significant increase. Although the vendor agencies were short staffed, One Sky has the ultimate responsibility to ensure compliance with this rule. As the medication administration errors could be very critical, and there is a high percentage, One Sky is considered out of compliance with this rule.
- RSA 171-A: Services for the Developmentally Disabled. The purpose of this chapter is to enable the department of health and human services to establish, maintain, implement, and coordinate a comprehensive service delivery system for developmentally disabled persons. All of the deficiencies cited under this law were in regard to individuals not having an annual physical. The percentage of deficiencies of this rule ranged from 2.6% to 3.6% each year except for 2017, which accounted for 8.2% of the total deficiencies. As four of the five years were within a one percent range and it is unclear what caused the spike in 2017, One Sky is considered substantially compliant with this requirement.

In summary, although One Sky Community Services does provide some direct services, they sub-contract out the majority of their services. By doing this, they do not have direct control and oversight over the majority of the issues for which the vendor managed programs are cited.

There has been a significant increase in He-M 503 service agreement deficiencies over the past two years, for which the area agency is directly responsible. As noted above, we have seen a significant increase in service agreement deficiencies in both 2017 and 2018, and, thus far, we are seeing that continue into 2019. To date, there have been 20 certification reviews for One Sky Community Services. At those reviews, there were 82 deficiencies cited, 17 (20.7%) which were related to He-M 503.

Remediation:

One Sky will develop an action plan to decrease the number of deficiencies associated with service agreement planning and implementation.

One Sky will coordinate with the Vendor Agencies as appropriate to analyze the cause of deficiencies and develop a plan to decrease vendor related deficiencies going forward.

New Hampshire Department of Health and Human Services (DHHS)
Division of Long Term Supports and Services (DLTSS)
Bureau of Developmental Services (BDS)
One Sky Community Services Redesignation Report
Report Date: June, 2019

Compliance with Family Centered Early Supports and Services Summary
DHHS, DLTSS, Bureau of Special Medical Services (SMS)
Fiscal Years 2014, 2015, 2016, 2017, and 2018

One Sky Community Services contracts with the Bureau of Developmental Services (BDS) to provide Family Centered Early Supports and Services (FCESS) to children birth to three years of age in Region 8.

One Sky Community Services contracts with two FCESS programs, Child and Family Services (CFS) and Richie McFarland Children's Center (RMCC) each of whom provide a portion of the FCESS services to children and families within the region.

Standard	He-M 510 Family-Centered Early Supports and Services Contract, Exhibit A, Section 4: Family Centered Early Supports and Services
Status	Unmet

Findings:

One Sky Community Services has had several changes in management supervising the FCESS programs over the years which are summarized in this report. Currently, One Sky Community Services has designated the Associate Director of Operations as the Area Agency FCESS Management Representative. This change has increased the program's feeling of connection to the Area Agency with communication for troubleshooting, attending program staff meetings as needed, and quarterly meetings with area agency and program management. The management person assigned to this position left the organization which creates a gap in service delivery. As of the writing of this report, the FCESS state office has not been notified that the position has been filled. The Area Agency does participate in monitoring for both FCESS programs. One Sky Community Services and program staff are cooperative and consistently use feedback from monitoring for program improvement. Documentation is provided in a timely manner. For the five years included in this summary there have been no formal complaints or disputes for FCESS programs in this region.

Licensure for both CFS and RMCC FCESS programs are consistently up to date. Professional development plans for staff are consistent with the ESS standards. For the past five years all required trainings have been completed for staff working in the FCESS Region 8 programs.

Several compliance indicators are monitored annually on site, with on-site and data system follow up as needed, and/or through virtual desk audits.

- Indicator 1 monitors the timely provision of services to children and families. Both CFS and RMCC FCESS programs have maintained 100% compliance with this indicator for five years summarized in this report.
- Indicator 2 monitors the provision of services in the child's natural environment(s). Both CFS and RMCC FCESS programs have consistently provided services in the child's natural environment and within the parameters allowed for this indicator, for the five years summarized in this report.

New Hampshire Department of Health and Human Services (DHHS)
Division of Long Term Supports and Services (DLTSS)
Bureau of Developmental Services (BDS)
One Sky Community Services Redesignation Report
Report Date: June, 2019

- Indicator 7 monitors the 45-day timeline from referral of a child to FCESS through family consent to a completed individual family support plan (IFSP). Both CFS and RMCC have achieved 100% compliance for the past five years.
- Indicator 8 monitors the quality and timeliness of transitions for children from the Part C FCESS program to their local Part B Preschool Special Education program. For this indicator there are three subcategories of compliance.
 - 8a – Both programs achieved 100% compliance for the past five years because all children transitioning to Preschool Special Education had transition plans completed within the expected timeframe.
 - 8b – The CFS program maintained 100% compliance of notifications to both the local education agency (LEA, Preschool Sp. Ed. Programs) and the state education agency (SEA, Department of Education) according to compliance guidelines for the past five years. RMCC FCESS program maintained 100% compliance with timely notifications to the LEA for the past five years and achieved 100% compliance for Fiscal Year 2014, 2015, and 2016 with timely notifications to the SEA. In Fiscal Year 2017 and 2018 RMCC achieved 100% success within the 90-day allotted time to correct discoveries of noncompliance for SEA notifications. No findings of noncompliance have been issued against them.
 - 8c – During the five years of this report, the CFS FCESS program was 100% compliant with requirements to schedule transition conferences, inviting school staff. The RMCC FCESS program was 100% compliant during Fiscal Years 2014, 2015, 2017, and 2018 with requirements to schedule transition conferences. RMCC achieved 100% success for Fiscal Year 2016 with timely transition conference requirements within the 90-day allotted time to correct discoveries of noncompliance. No findings of noncompliance have been issued against them.

While One Sky Community Services has not identified an area agency FCESS Management representative to participate in the process for monitoring of quality and compliance regarding the two contracted FCESS programs, they do have a staff person who works on quality improvement with vendors, participate in the monitoring process. Each year the area agency and program staff have worked cooperatively with BDS staff to maintain quality and compliance for FCESS programs.

Family Outcome Summaries (FOS) are used to further assess quality of services for families served by the FCESS programs. Both CFS and the RMCC have consistently received positive evaluations of services as measured by the FOS. Families report that the programs in Region 8 have helped them to understand their rights, communicate their child's needs, and help their child grow and learn.

One Sky Community Services provides consistent quality and compliant services for the FCESS system through their programs. Area Agency supervision had increased this past year with change in area agency FCESS management. The programs have had difficulty working with One Sky and their comments are included in the stakeholder engagement section of this report.

New Hampshire Department of Health and Human Services (DHHS)
Division of Long Term Supports and Services (DLTSS)
Bureau of Developmental Services (BDS)
One Sky Community Services Redesignation Report
Report Date: June, 2019

Remediation:

One Sky will assign a Senior Level Management Representative that has experience working with children and families to be a liaison to the FCESS programs with whom they contract.

New Hampshire Department of Health and Human Services (DHHS)
Division of Long Term Supports and Services (DLTSS)
Bureau of Developmental Services (BDS)
One Sky Community Services Redesignation Report
Report Date: June, 2019

Compliance with Medication Administration and Health Care Coordination Summary
DHHS, DLTSS, BDS Nurse Administrator
Fiscal Years 2015 – 2018

The Nurse Trainers of One Sky Community Services work in collaboration with vendor agencies, Program Managers, Service Coordinators, Quality Management, Residential Staff, Home Care Providers, Day Program Staff, and Direct Support Professionals.

Nurse Trainers provide on-going training and oversight of the He-M 1201 regulations regarding healthcare coordination and medication administration to non-licensed staff providing care to the individuals served by the area agency. Nurse Trainers are responsible for quality assurance, education of non-licensed providers and completing and compiling the medication error reports.

Nurse trainers within One Sky Community Services are also trained in using the Health Risk Screening Tool (HRST) as both Raters and Clinical Reviewers, with the main focus on clinical reviews of those individuals with a health care level of three or more. Nursing staff review ten percent (10%) of those individuals with a health care level of one (1) or two (2) on an annual basis.

Nurse Trainers work in tandem with Service Coordinators to assure the on-going accuracy of the screening tool. The HRST provides improved oversight and intervention of the individuals served. The HRST will detect destabilization in the early stages and is intended to prevent premature deaths.

The following synopsis is a compilation of the routine six-month area agency medication administration review reports which are submitted to the BDS statewide Medication Committee for review. There are a variety of issues that may arise during the reporting periods, which are addressed on an individual basis.

Standard	He-M 1201 Medication Administration Contract, Exhibit A, Section 1: Provisions Applicable to all Services
Status	Unmet

Findings:

2014 / 2015 Medication Administration Outcomes:

One Sky Community Services reports to the NH BDS Medication Committee for 2015 (April 1, 2014 through March 31, 2015) approximately 688 total errors in either wrong medication, wrong time, wrong dosage, wrong person, omission, or documentation. This was a 97% increase from the 2014 reporting period. There were zero (0) errors for wrong route. The majority of the errors (347) were documentation errors. During this reporting period, there were between 144 – 170 individuals receiving medication from authorized providers and there were 365,990 medication doses administered.

- There were multiple causes for the errors. Failure to conduct triple checks during medication administration, failure to follow the six-rights of medication administration, failure to sign medication logs, lack of attention when medications were passed, and failure to have the medications available from the pharmacy or notifying the pharmacy when a refills were needed.
- Staff turnover and new staff being hired may have contributed to the medication errors
- Nurse Trainers continued to reeducate, train, and re-train providers and performed system reviews in various residences and day programs to ensure compliance.

New Hampshire Department of Health and Human Services (DHHS)
Division of Long Term Supports and Services (DLTSS)
Bureau of Developmental Services (BDS)
One Sky Community Services Redesignation Report
Report Date: June, 2019

2015 / 2016 Medication Administration Outcomes:

One Sky Community Services reports to the NH BDS Medication Committee for 2016 (April 1, 2015 through March 31, 2016) approximately 752 total errors in either wrong medication, wrong time, wrong dosage, wrong person, omission, or documentation. This was a 9% increase from the 2015 reporting period. There were zero (0) errors for wrong route. The majority of the errors (559) were omission errors. During this reporting period, there were between 141 – 183 individuals receiving medication from authorized providers and there were 382,856 medication doses administered.

- There was a substantial reduction in the total errors reported during the first six months of the reporting period in comparison to the last six months
- Some issues contributing to errors included providers not performing triple checks, medication logs not being initialed, ineffective or no communication between staff, inattentive staff during medication administration, and controlled medication counts not being done, or being done incorrectly
- As a result of the medication administration review forms not being submitted to the area agency in a timely manner, One Sky staff and the Nurse Trainers worked with providers to comply with timely reporting
- Nurse Trainers and program staff provided on-going education, consultation, and intervention by working collaboratively with Direct Support Staff and Home Care Providers
- One Sky resumed Area Agency Nurse Trainer meetings to share relevant information and to improve communication between the area agency, vendor agencies, and Nurse Trainers
- Provider agencies implemented protocols for staff to ensure that all medication logs are checked and all documentation is complete and current

2016 / 2017 Medication Administration Outcomes:

One Sky Community Services reports to the NH BDS Medication Committee for 2017 (April 1, 2016 through March 31, 2017) approximately 296 total errors in either wrong medication, wrong time, wrong dosage, wrong person, omission, or documentation. This was a 60% decrease from the 2016 reporting period. There were zero (0) errors for wrong route. The majority of the errors (121) were documentation errors. During this reporting period, there were between 148 – 156 individuals receiving medication from authorized providers and there were 403,704 medication doses administered.

- Nurse Trainers periodically attended area agency vendor meetings to discuss concerns regarding medication occurrence reporting, as well as medication errors not being reported to the area agency
- Patterns of non-compliance related to triple checks, following the six rights, PRN protocols, and the improper reading of prescriptions lead to on-going errors and the need for corrective action
- Nursing began to develop and improve processes, with greater focus towards open communication between teams, which allowed for better oversight and support for individuals served

New Hampshire Department of Health and Human Services (DHHS)
Division of Long Term Supports and Services (DLTSS)
Bureau of Developmental Services (BDS)
One Sky Community Services Redesignation Report
Report Date: June, 2019

- Vendor agencies reported an increase in communication between residential service providers, nurses, and directors
- Medication errors decreased during the last six months of this reporting period due to improved communication, and follow-up by Nurse Trainers and Program Managers with both One Sky and vendor agency staff
- An Excel tracking sheet will now be used to gather data from the medication administration review forms

2017 / 2018 Medication Administration Outcomes:

One Sky Community Services reports to the NH BDS Medication Committee for 2018 (April 1, 2017 through March 31, 2018) approximately 1569 total errors in either wrong medication, wrong time, wrong dosage, omission, or documentation. This was a 430% increase from the 2017 reporting period. There were zero (0) errors for wrong person or wrong route. The majority of the errors (1486) were documentation errors. During this reporting period, there were between 136 – 149 individuals receiving medication from authorized providers and there were 430,037 medication doses administered.

- There was improvement with medication administration reporting by both One Sky and vendors
- Half of the vendor agencies reported no medication administration errors
- A common cause of medication errors was lack of communication between team members, as well as, shift changes, new staff, or changes to individuals' medications
- One Sky worked with vendor agencies regarding oversight of staff, quality reviews, and appropriate supervision. Medication administration requirements were reviewed at staff meetings and in the field
- Extensive re-training in staffed homes occurred, as a history of non-compliance had been identified
- One Sky continued to follow-up with vendor agencies reminding them of the importance of timely medication administration reporting

Remediation:

In order to address the significant increase in medication errors (430%), One Sky will submit a Corrective Action Plan that addresses compliance with Medication Administration in accordance with He-M 1201.

New Hampshire Department of Health and Human Services (DHHS)
Division of Long Term Supports and Services (DLTSS)
Bureau of Developmental Services (BDS)
One Sky Community Services Redesignation Report
Report Date: June, 2019

Compliance with Employment Supports for Individuals Summary
DHHS, DLTSS, BDS Administrator of Employment Support
Fiscal Years 2015-2018

In accordance with He-M 518, area agencies must make employment services available to individuals served in their region and must report quarterly data using the Employment Data System (EDS).

Please refer to the reports entitled: BDS Employment Reports June 2015, June 2016, Dec 2016, Jan-July 2017, July-Dec 2017, Jan-Mar 2018, June 2018 and September 2018 (See Appendix D).

Standard	He-M 518 Employment Services Contract, Exhibit A, Section 2.7: Employment Data System (EDS)
Status	Unmet

Findings:

In the Employment Data Reports pertaining to the percent of individuals employed (21 – 64 years old, excluding self-employment), out of the 10 area agencies, One Sky ranked as follows:

- June 2015: 2nd
- June 2016: 2nd
- December 2016: 3rd
- In 2017 the rankings were removed from the reports
- March 2018: 2nd
- June 2018: 3rd
- September 2018: 9th

The December 2018 employment data was not available at the time of this report.

One Sky Community Services is not in compliance with contractual requirements for entering employment data in the NH Leads Database (EDS). The NH Leads Data Administrator reports the agency is doing quarterly checks/updates on their existing entries only about 68% of the time. Of the 160 hourly positions that are active in the database, 32% have not received the required quarterly review since July 2018, compared to 13% statewide.

Over the last five years, One Sky Community Services has participated in the International Project SEARCH Program in collaboration with Portsmouth Regional Hospital, Great Bay Community College, NH Vocational Rehabilitation and Community Partners.

One Sky continues to make Project SEARCH an option for students that are transitioning to adult services. Project SEARCH is a priority of the One Sky Transition Coordinators as they work with individuals and families who are aging out of the school system. Enrollment has decreased due to limited numbers of referrals however, this program remains an option for individuals that are interested. Project SEARCH is an innovative, person centered internship option for students seeking experience in a professional career setting.

New Hampshire Department of Health and Human Services (DHHS)
Division of Long Term Supports and Services (DLTSS)
Bureau of Developmental Services (BDS)
One Sky Community Services Redesignation Report
Report Date: June, 2019

Remediation:

One Sky will identify a specific staff member to regularly update and maintain the Employment Database.

New Hampshire Department of Health and Human Services (DHHS)
Division of Long Term Supports and Services (DLTSS)
Bureau of Developmental Services (BDS)
One Sky Community Services Redesignation Report
Report Date: June, 2019

Developmental Disabilities (DD), Acquired Brain Disorder (ABD) and In Home Support (IHS)
Waivers Service File Review Findings
DHHS, DLTSS, BDS Administrator of Quality Assurance
July, 2018

Annual Service File Reviews are part of an annual quality review process developed by the Bureau of Developmental Services (BDS) to monitor compliance with New Hampshire's Home and Community Based Services waivers.

Agencies prepare a self-assessment and submit to BDS electronically prior to BDS' on-site review. BDS schedules two to three days for the on-site visits with each agency to complete the reviews during the months of April, May and June and reviews a random sample of service recipients.

The Record Review Audit includes a review of the following for each individual randomly selected:

- The current and previous service agreements;
- Progress notes from April 1 - June 30 of the previous year;
- Documentation of Service Coordination visits to the home that occurred during the time period outlined above (and if they did not occur during this time, documentation as to when they did occur);
- Contact logs for the period outlined above;
- If receiving services under He-M 507, weekly schedule for the three months outlined above; and
- All documentation to support responses on the agency's self-assessment form. The agency may be required to show findings of compliance in each area noted.

In addition, agencies prepare a "Program at a Glance" summary for each of the three waivers, for the day of the review. At a minimum, the summary includes:

- Total number of individuals served by the agency specific to each waiver;
- Summary of the File Review and Post Payment Review, by specific waiver;
- Self-assessed strengths;
- Self-assessed lessons learned; and
- Any plans of correction as a result of the review.

Please refer to One Sky's response letter to the Service File Review, 2018 (See Appendix E).

Standard	He-M 505.08 Redesignation
Status	Met

Findings:

A review of 50 service records (21) Developmental Disabilities, (25) In-Home Support, and (4) Acquired Brain Disorder covering the service period April 1, 2017 to June 30, 2017 indicated the following:

New Hampshire Department of Health and Human Services (DHHS)
Division of Long Term Supports and Services (DLTSS)
Bureau of Developmental Services (BDS)
One Sky Community Services Redesignation Report
Report Date: June, 2019

Positive Practices across Region:

1. Prior to the reviews conducted by BDS, One Sky completed internal file reviews (self-assessments) and submitted Plans of Corrections for the DD/ABD (May 2018) and IHS waivers (April 2018). Several of the elements from these self-assessments are listed in the section below. Since the Plans of Correction have already been completed, there is no need for further documentation to be submitted to BDS.
2. One Sky reported as part of their internal review that each service coordinator meets with their supervisors to discuss completion of contacts notes, home visits and progress notes. While some of these were missing during the review, there were a number of examples of quality documentation.
3. One Sky has developed a new case management system in the Health Risk Screening Tool (HRST) that will allow them to run summary reports, meet expected requirements and identify areas of concern. This has also been a “valuable opportunity to train and re-train service coordinators.”
4. Use of the HRST service agreement has ensured that many required elements are in place such as well-written personal profiles, goals, timelines and specific support services. The services provided match the interests and needs of the individual.
5. A Supports Intensity Scale (SIS) and HRST was completed for each individual and the results were incorporated into the service agreement.
6. One Sky’s handbook for self-directed services is a resource for families, guardians and staff.

Areas of Focus:

1. Two (2) of the 25 DD/ABD service agreements were completed within ten (10) days following the service agreement meeting. The Plan of Correction includes having more experienced service coordinators provide guidance and assistance to newer service coordinators. Service Coordinators will also begin preparing for service agreement renewals earlier to allow for additional time to meet this required deadline.
2. Six (6) of the 25 DD/ABD service agreements and thirteen (13) of the 25 IHS service agreements were not completed within a one-year period. In addition to the Plan of Correction steps mentioned above, an internal checklist is now provided for staff to review to ensure ISA completion.
3. Quarterly satisfaction with services was not consistently documented. The Plan of Correction states that service coordinators now use a standard template to record quality satisfaction and have added this feature to One Sky’s new case management system in HRST.
4. Almost half of the IHS files reviewed lacked weekly schedules, contingency plans for assuring back-up providers and emergency contact information. One Sky reports that the new IHS service agreement in HRST will ensure that all required elements are in place.

Remediation:

None Required

Stakeholder Feedback Findings
DHHS, DLTSS, BDS Administrator of Quality Assurance
October 2018 – February 2019

In accordance with He-M 505.08(f) as part of the redesignation process, DHHS sought feedback from a variety of stakeholders the summaries of which are below:

Family Support Council (FSC) Redesignation Questionnaire Summary November 2018

As outlined in He-M 519.06 the area agency is required to have a Family Support Council (FSC). It is part of the FSC's role to make recommendations to the area agency with regard to their strategic plan as well as the utilization of respite. In accordance with He-M 505.08, the FSC was asked to respond to the following questions. The council answered the questions unanimously:

1. What level of involvement do you have in the development of the Area Agency's Strategic Plan?
 - "They presented it to us and asked for our input"
2. How is the council kept informed of issues and changes pertaining to Family Support or any other regional and statewide changes in laws or services?
 - "E-mail and state liaison to the council"
3. Briefly describe any outreach activities of the council as they relate to informing and assisting the community on ways to include individuals with disabilities in full participation in their communities.
 - "We inform the community through our Facebook page. We are attempting to gather information on events throughout the community."
4. Does the area agency share with you any information (such as survey results) it has compiled about quality of services?
 - "Yes, they reviewed a recent survey with us during a meeting within the last year."
5. Are you given an opportunity to help improve these services?
 - "We are asked for our input."
6. Do you have an understanding of and input into the overall family support budget and have control of the council allocation?
 - "We have an understanding of the basic budget, but need information on the salary portion that is used. We do allocate our portion of money that goes to individual assistance."
7. How would you describe the council's relationship with the area agency? (For example, how has the area agency been supportive in helping the family support council; in what other ways could the area agency help the council; is the dispute resolution procedure between the area agency and the council as described in the Family Support Plan effective)?

New Hampshire Department of Health and Human Services (DHHS)
Division of Long Term Supports and Services (DLTSS)
Bureau of Developmental Services (BDS)
One Sky Community Services Redesignation Report
Report Date: June, 2019

- “The CEO and the liaison to the council attend meetings monthly and work with us to inform of legislative happenings.”
8. What information/educational opportunities does the area agency provide the council about rights and rights protection (For example, did you have input into the development of the rights manual and its updates; are any council members involved in rights trainings and instructors for individuals, families or area agency/subcontract agency staff)?
- “None”
9. What additional information would you like to have on this topic?
- “N/A”
10. Do you feel that the activities and contributions of the council are valued by the area agency? Please give findings as to why you have reached this conclusion.
- “Yes, the CEO is encouraging us to try and put together more events with families.”
11. Would you like to offer any additional comments?
- “N/A”

Individual and Self-Advocates Redesignation Forum Summary November 2018
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A forum was held at One Sky 11/1/18 to receive feedback from individuals who receive services, including members of the self-advocacy group. Thirteen individuals who receive services attended. Some were assisted by family members or home providers. Some attendees chose to fill out parts of the survey at the forum. Some chose to respond to all questions at the forum while others chose to respond to a few.

Summary:

- 1 Seven individuals said that they are getting the support they need at home and one said sometimes. Of the seven individuals who reported that they are working, six said that they are getting the support that they need at their jobs and one said sometimes.
- 2 All eight individuals who responded said that they feel like they are part of their community.
- 3 Nine individuals stated that their service coordinator listens to them and one said no. Eight replied that their service coordinator gets back to them when they call and two said this did not happen. All ten who replied to the question said that their service coordinators help them to get what they need. Many commented about the multiple service coordinators that they have had in recent years and how this affects their services.

New Hampshire Department of Health and Human Services (DHHS)
Division of Long Term Supports and Services (DLTSS)
Bureau of Developmental Services (BDS)
One Sky Community Services Redesignation Report
Report Date: June, 2019

- 4 Four of the individuals said that they were familiar with their service agreements and seven said that their goals are important to them. One individual does not like her new goal and said that she wants to continue to work on her previous goal.
- 5 Everyone who chose to answer the question stated that they are supported to stay healthy and make good food choices.
- 6 Nine individuals stated that they made choices about where to live and work. There was a discussion about the lack of choice regarding the closing of two staffed homes and the relocation of day services. They now have fewer opportunities to see their friends and housemates. Many have to travel further for their day services, which is difficult and expensive for families. One individual who liked making pallets has not been able to find another job.
- 7 All of the individuals who chose to answer the question stated that they receive assistance to maintain friendships.
- 8 Seven individuals stated that they are employed and one is looking for work. One individual has been at her job for 14 years. Several stated that they would like to work more hours.
- 9 Many individuals stated that someone talks to them about their rights and they gave examples of who they would contact if someone violated their rights. Six stated that they had recently voted.
- 10 All respondents stated that the people who support them treat them well, listen to them and help them to get what they need.
- 11 Nine of the individuals who attended the forum are part of the local self-advocacy group.
- 12 Guardians and family members who attended the forum to provide assistance brought up issues such as difficulties recruiting and retaining staff and respite providers.

Family and Guardian Redesignation Forum Summary October 2018

A forum was held at One Sky on 10/17/18 to receive feedback from families of individuals who receive services in Region 8. The forum was held as part of the Family Support Advisory Council meeting. Twenty-six family members attended. A survey was also sent to families. Some attendees chose to fill out these surveys at the forum.

Several families at the forum asked to be called to give further feedback regarding their family member. Due to the format of the forum, some of the comments made, and the number of calls BDS continuously receives from individuals, families, guardians, and others, BDS conducted a paper/online survey. A summary of the paper/online survey is outlined in the next summary.

New Hampshire Department of Health and Human Services (DHHS)
Division of Long Term Supports and Services (DLTSS)
Bureau of Developmental Services (BDS)
One Sky Community Services Redesignation Report
Report Date: June, 2019

Summary:

- 1 Many families at the forum expressed concerns about the inability to find respite providers. Some mentioned that a sliding fee scale has limited their respite funds. One family member commented that they had to eliminate respite from their PDMS budget in order to pay direct care staff a higher hourly wage.
- 2 One family member said that there had been no cost of living increase in the budget in many years.
- 3 The FSC members described efforts by One Sky to educate legislatures about the need for increased funding for developmental services.
- 4 Several family members expressed concerns that their staff had not been paid and they feared that the staff person would leave.
- 5 FSC members and others at the forum discussed the need to share information about upcoming events and activities within the region. Ideas included a newsletter, calendar or Facebook. Some activities mentioned were Special Olympics, Friends in Action and Gal Pals.
- 6 One family member expressed frustrations about the amount of time that it was taking to find a job for their son. The parent ended up finding their son a job on their own.
- 7 Many families at the forum expressed concerns about the high turnover in service coordination and the impact that this has on families.
- 8 A number of families expressed concerns about “significant” long-term staff who left or were terminated. They stated that after many years of being able to turn to these staff members, there is now no one available. Many families said that there was no clear communication regarding these changes and that families were “left in the dark”. They also did not get the chance to say goodbye after many years of working together.
- 9 Several families who have PDMS arrangements spoke very highly of the model and the flexibility that it allows. One family member commented that a PDMS program can be very isolating without a service coordinator.
- 10 The lack of available direct care staff was noted during the forum. Another issue that was mentioned was the amount of time that staff spend on their cell phones.
- 11 One family member commented on the difficulties they experienced getting services started and the length of time involved.
- 12 A family member who asked to be called after the forum commented that they are happy with the support that they receive from One Sky and trust in the leadership at the area agency.

Family and Guardian Redesignation Survey Summary October 2018 – February 2019
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BDS conducted a family and/or guardian survey, anonymously via Survey Monkey and sent a paper survey to families. 95 families and/or guardians responded to this survey.

Summary:

The majority of families and/or guardians (approx. 60%) feel that they receive the information that they need from the area agency to make decisions about services and resources. Respondents feel the most informed about family support council activities (40%) and the least informed about transition services prior to graduation from high school (8%).

The majority of families and/or guardians (approx. 60%) feel that area agency staff is responsive.

The majority of families and/or guardians feel encouraged and supported to exercise choice and control over the planning of services (71%) the implementation of services (66%) but not in the managing of financial resources (47%)

Families and/or guardians feel that One Sky staff and providers respect their family's choices regarding the services that they receive (76%), who provides the services (75%), where the services are provided (76%) and the goals that are pursued in the service agreement (75%)

62% of families and/or guardians are satisfied with the services that they and their family members receive from One Sky

78% of families and/or guardians know who to call if their family member's rights have been violated or s/he is not receiving the services s/he needs

36% of respondents indicate that they have made suggestions to the area agency regarding the improvement of quality services and that the agency did not follow up. 18% indicate that they "sometimes" receive a response

Areas of Satisfaction Include the Following Comments:

- "Emails generally get a quick response"
- "Case management is excellent"
- "Communication about budgets, legislation and financials"

Areas of Dissatisfaction Include the Following Comments:

- "Staff turnover has effected response time"
- "Calls go unanswered, sometimes multiple call need to be made '4-5 calls'"
- "It is unknown who is working with individuals"
- "Often no live person answers, voice mail is not returned"
- "Multiple case managers over a short period of time"
- "Lack of information being shared"
- "Staff has a low morale"
- "Getting budget approval for necessary services is delayed which results in unnecessarily lengthy hospital stays"

New Hampshire Department of Health and Human Services (DHHS)
Division of Long Term Supports and Services (DLTSS)
Bureau of Developmental Services (BDS)
One Sky Community Services Redesignation Report
Report Date: June, 2019

- “Lack of response in budgetary change requests”
- “Delays in services”
- “Sad about long time staff being fired, too many changes in personnel”
- “Decline in services due to significant personnel changes”
- “Executive Director seems uncaring”
- “Funding is not available”
- “Agency is not responsive to respite needs by the family”
- “Agency is not providing services”
- “Unhappy with the Executive Director, feel bad for the Service Coordinators”
- “Services are late, team meetings are not happening or delayed over 15 months”
- “Unsure of the future of the agency”
- “Worried about organizational strength”
- “Little to no communication, unorganized”
- “Inefficient”
- “Client rights calls do not help, have had to call the Ombudsman”

One Sky Provider Redesignation Forum Summary November, 2018
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Based on feedback from a number of provider agencies, a forum was held at BDS on November 30, 2018 to receive feedback from agencies that provide services in Region 8. Several who were unable to attend gave additional feedback to BDS.

Summary:

- 1 Many providers gave examples of inconsistent communication between their agency and One Sky. In the past there were regular meetings between providers and the area agency to discuss financial and quality issues but those no longer occur. Providers often do not know who to contact due to the staff turnover. They reported lack of information regarding key positions that became vacant and who would be covering those responsibilities.
- 2 Providers at the forum reported that there was little communication regarding reductions in General Management (GM). Vendors have gone months without contracts. Documentation sent to the business office has been misplaced and calls are not returned. They have notified the One Sky Executive Director but there was no follow-up. Provider agencies have contacted BDS directly about not getting paid for services. One commented that unless a parent or agency contacts BDS or gives notice, issues go unresolved.
- 3 While provider agencies recognize the statewide turnover in service coordination, they feel that the situation in Region 8 is worse compared to other regions that they subcontract with. Several providers commented that they are providing some training to the new service coordinators due to lack of service coordinator leadership at One Sky. They find that constantly re-training staff due to turnover is very challenging. Another described the situation as “constant chaos”. Some vendors were not notified of Individual Service Agreement (ISA) meetings and another went to an ISA meeting and a service coordinator did not show up.

New Hampshire Department of Health and Human Services (DHHS)
Division of Long Term Supports and Services (DLTSS)
Bureau of Developmental Services (BDS)
One Sky Community Services Redesignation Report
Report Date: June, 2019

Not meeting required timelines for service agreements is cited in vendor certifications, yet some providers reported that they were “scolded” for contacting certification staff regarding to deficiencies that were identified as part of certification.

- 4 Some providers commented that the significant turnover in the management team at One Sky has negatively impacted operations. Phone calls and emails are rarely returned, causing providers to make repeated attempts to gather information and answers to questions. Providers described the morale at One Sky as very low, due in part to long-term employees being “cast aside” and receiving “disrespectful terminations”. Some commented that replacing these positions has left individuals more vulnerable due to lack of knowledge and experience at One Sky.
- 5 Providers at the forum described the One Sky business office as “difficult”, “inconsistent”, “ineffective” and “non-functioning”. Payments to providers are often sent late and are for less than what the vendor was expecting to receive. Providers have no way of knowing how to explain the discrepancies since there are no “full reconciliation” sheets that are provided by other regions. One provider described the area agency audit as not matching their own audit. They were told that since One Sky did not bill for some services they could not pay providers for them.
- 6 ESS programs have been allocated additional funding during the past several years to cover additional children served. Providers described the inability of the business office to capture these Medicaid revenues, even though vendors have offered to assist in the process. This has resulted in thousands of dollars in potential revenue that was not billed and not paid to vendors.
- 7 Many providers at the forum expressed concerns regarding the financial stability of One Sky. There is a perception that One Sky is not meeting its financial obligations due to mismanagement, increased overhead and the inability to bill Medicaid in a timely manner. Providers see cash-flow issues as a reason not to take on new services. In some cases, vendor Boards of Directors have suggested leaving One Sky to pursue business in other regions. Many vendors have worked in the region for a number of years and feel a commitment to the individuals that they have developed relationships with over time. They also expressed a fear of the impact if a provider gives notice to all of their programs.
- 8 Several provider agencies mentioned that they had brought their concerns to the One Sky Board of Directors but action was not taken.
- 9 Some providers at the forum reported that they do not consider One Sky to be supportive during crisis situations.
- 10 A number of providers at the forum commented that they do not believe that individuals and families are given a choice of providers or made aware of the different providers and what each offers for services.
- 11 One Sky is reported to have a better understanding of Conflict Free Case Management than some other area agencies.

New Hampshire Department of Health and Human Services (DHHS)
Division of Long Term Supports and Services (DLTSS)
Bureau of Developmental Services (BDS)
One Sky Community Services Redesignation Report
Report Date: June, 2019

- 12 One provider expressed their appreciation to One Sky for activities to inform the Legislature about the need for a rate increase for developmental services.
- 13 Even with all the challenges during recent years, providers expressed an overall desire to work together to solve issues and re-establish a positive working relationship in the region.

As a result of the feedback received BDS conducted an additional survey of providers, which is included in the next section.

Provider Redesignation Survey Summary November 2018
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In November 2018 BDS conducted a One Sky Provider survey, anonymously via Survey Monkey. Thirteen (13) provider agency representatives responded to this electronic survey.

Summary:

- The majority of responses indicated that the overall effectiveness of communication is inconsistent (25% good and 75% inconsistent)
- 63% of responders indicate that they do not have a specific contact person to talk with regards to funding, crisis needs or changes in an individual's needs.
- Area agency staff accessibility and timely response rate is reported as 50/50
- 100% of individuals and their guardians are supported by the agency to advocate for themselves.
- Adequate Service Coordinator training is reported as being 50/50

Areas of Satisfaction Include the Following Comments:

- "Emails and Communications about restructuring has helped keep communication open"
- "Service Coordinators make themselves available, some are excellent with team approach"
- "Area agency does a good job at explaining rights and choice on ongoing basis"

Areas of Dissatisfaction Include the Following Comments:

- "Hard to keep track of who is employed at One Sky"
- "Staff turnover, especially in case management"
- "Provider/Vendor meeting have stopped"
- "Calls or emails are not returned / multiple contacts are needed for a response"
- "Answers to questions are vague, not consistent, and not accurate"
- "Lack of clarity regarding required documentation"
- "Lack of response to calls and questions"
- "Providers have not received an "on-call" list or emergency contacts for the area agency"
- "Service Coordinators are overextended; caseloads are too large"

New Hampshire Department of Health and Human Services (DHHS)
Division of Long Term Supports and Services (DLTSS)
Bureau of Developmental Services (BDS)
One Sky Community Services Redesignation Report
Report Date: June, 2019

One Sky Community Services Staff Survey Summary November 2018
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BDS conducted a One Sky Employee survey, anonymously via Survey Monkey. 31 One Sky employees responded to this electronic survey.

Summary:

The majority of One Sky employees (74%) are satisfied with the amount of support they receive from the agency with the remaining responders being dissatisfied (26%). It is important to note that those that were not satisfied were extremely dissatisfied, with very specific examples

- 32% of One Sky staff are satisfied with the training that they have received with the remainder being sometimes (45%) satisfied or not (23%) satisfied.
- 35% of One Sky staff feel that they are asked for their suggestions and ideas regarding improving the quality of services with 39% feeling that they are consulted sometime and 26% feeling that they are not. Many staff reported that when they are asked, management does not follow the suggestions give.
- 50% of One Sky staff feel that the people supported by One Sky have services that are developed based on their needs and interests.
- Adequate Service Coordinator training is reported as being 50/50.
- 38% of One Sky staff feel that they work in an atmosphere where they are encouraged to offer ideas, opinions and suggestions. 27% report that this is sometimes the case and 35% of staff say this is absolutely not the case.
- Just under 50% of One Sky staff are satisfied with the supervision that they receive.
- Only 39% of staff feel that One Sky's management staff and supervisors are accessible when staff have questions, problems or ideas they wish to discuss.

Areas of Satisfaction Include the Following Comments:

- "Supervisors are responsive and ready to help"
- "One Sky offers 11 paid holidays"
- "Supportive of staff development and time off policies"
- "Cares about the consumer"
- "Vocal advocates for the people we serve"
- "Flexible employee schedules"
- "Friendly staff"
- "Ability to telecommute"
- "Staff works hard"

Areas of Dissatisfaction Include the Following Comments:

- "Many positions have been eliminated or people have been fired and not replaced"
- "Critically understaffed"
- "Minimal training, or training is an afterthought"
- "One Sky policies and procedures do not align with directions that have been given by BDS personnel"
- "Employees are told that they cannot contact BDS personnel without express approval from One Sky administration"

New Hampshire Department of Health and Human Services (DHHS)
Division of Long Term Supports and Services (DLTSS)
Bureau of Developmental Services (BDS)
One Sky Community Services Redesignation Report
Report Date: June, 2019

- “Extreme disorganization with upper management”
- “Over the last 3+ years, the agency is disjointed and has not yet learned to function as a team”
- “Lack of support and oversight of day-to-day activities”
- “Management does not attempt to troubleshoot issues that are brought to them but time is wasted on micromanaging issues that do not need to be addressed”
- “Inefficient leadership, managers are not held accountable for their performance”
- “Gaps in management staffing and lack of leadership”
- “Staff is not comfortable in asking for guidance, staff do not feel supported by supervisors”
- “Major decline in what the agency has become”
- “Toxic / problematic environment for employees”
- “Escalation, harassment and unnecessary comments from CEO and HR staff / yelling / berating staff with little to no consequence, ranting / raving / fist pounding / bullying behavior / childish behavior from CEO”
- “Management is openly hostile to employees who make recommendations on how to improve services”
- “Low staff morale, fear of being next to be fired, staff feel like they need protection”
- “Leadership staff are rude and dismissive”
- “Staff fear that they are not allowed to disagree with the CEO and if they do it will not go well”
- “Staff input is not solicited nor encouraged”
- “Empty promises made by leadership staff”
- “Lack of staff retention”
- “CEO and Leadership team is disconnected and lack of understanding of what service coordinators do”
- “Lack of new employee orientation”
- “Bottleneck within the business office, which holds up Prior Authorizations and delays services”
- “Lack of process, lack of communication, lack of consistent information sharing”
- “Lack of experience in Human Services from the management team”
- “Business office is unresponsive to emails”
- “Agency leadership seems unable to make a clear decision, lack of direction”
- “One Sky needs to be more open and honest in their communication with guardians and families”
- “Service Coordinators feel pressured by CEO and other staff to direct families into One Sky’s in-house vendor agency, One Sky Futures”

Remediation Resulting from Stakeholder Engagement:

Service Coordination and Family Support:

One Sky needs to increase communication, transparency, proactive planning, and responsiveness to individuals and families. Many of the problematic situations that require BDS intervention are due to the lack of communication, planning, responding, and transparency by the organization. The turnover, lack of training, and lack of leadership in Service Coordination and Family Support is directly tied to these areas of concern. One Sky must develop a Corrective Action Plan in the area of Service Coordination/Family Support. This plan, must include, but not be limited to:

- Hire an experienced Director of Service Coordination and Family Support;
- Develop a training curriculum for all new and existing Service Coordination/Family Support Staff;
- Provide ongoing training and professional development for these staff;
- Develop policies and procedures for this department;

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Staff Development and Organizational Structure:

The comments were specific and concerning. Employees are clearly committed to the individuals and families served and are struggling with the environment in which they work. It is essential for the Board of Directors to become actively engaged with the employees and structure of the organization. Employees have communicated that the Board of Directors, that has ultimately fiduciary responsibility for the organization have not been responsive to employee concerns regarding the work environment. The Board of Directors shall develop a comprehensive employee recruitment, retention, and relations plan. The plan must include, but not be limited to:

- Develop and implement functional organizational chart that meets the need of staff and the individuals and families served;
- Develop staff development plans, employee orientation, and recruitment strategies;
- Provide leadership training and development;
- Create a dispute resolution policy for employees, which includes meeting with a subset of the board, if the employee requests; and
- Create a regular employee relations committee that includes staff from all levels of the organization and board members.

Provider Relations:

As an organization that provides very limited direct services and has publicly stated that they intend to stop providing direct services, they are extremely dependent on the providers in their area. It is imperative that One Sky work in partnership with provider agencies in an effort to ensure timely, effective, and quality services for those they serve. One Sky must provide a Corrective Action Plan in the area of Provider Relations. This plan must include, but not be limited to:

- Assign a senior manager that has responsibility for provider relations;
- Develop a communication strategy for regular and ongoing dialogue;
- Create and implement a schedule of regular provider meetings, as a group and individually;
- Provide and agreement and offer communication regarding required forms; and
- Create and implement provider payment policies.